

**LOS ANGELES COUNTY REGIONAL PARK AND OPEN SPACE DISTRICT**  
**Maintenance and Servicing Program Payment Request Form**

Request #

Agency Name:				Agency Name:			
Mailing Address:				Mailing Address:			
City:			Zip:	City:			Zip:
Phone:		Email:		Phone:		Email:	
Contact Person:				Contact Person:			

Maintenance and Servicing Funds						
Grant Number	Expense Period		Annual M&S	Extraordinary M&S	Total	RPOSD USE ONLY
	From	To				
<b>TOTAL REQUEST:</b>						

*I hereby certify that the requested maintenance and servicing funds are to be used only on increased levels of service resulting from Proposition A funded project(s).*

Name of Authorized Representative (Type or Print)	Title of Authorized Representative (Type or Print)
Signature of Authorized Representative	Date
Comments:	

RPOSD USE ONLY			
Program Manager	Date	Administration Supervisor	Date
Grants Supervisor	Date	Finance Supervisor	Date
		District Administrator	Date

LA COUNTY ACCOUNTING SECTION USE ONLY					
GAED/GAX ID NUMBER		SCHEDULED PAYMENT DATE		GAED Data Entry by:	Date
VENDOR CODE		REVENUE ACCRUAL FY & AMOUNT		Level One Approver:	Date
FUND NUMBER	LOCATION CODE	REVENUE ACCRUAL FY & AMOUNT		Level Two Approver:	Date
SUB-FUND	PROJECT CODE	PAYMENT REQUEST AMOUNT		GAX Data Entry by:	Date
UNIT CODE	DEPT OBJECT	P/F	Special Handling	Level One Approver:	Date
Comments:				Level Two Approver:	Date

PROCESSED PAYMENT INFORMATION				
WARRANT #	WARRANT AMOUNT	WARRANT DATE	GTS Data Entry by:	Date